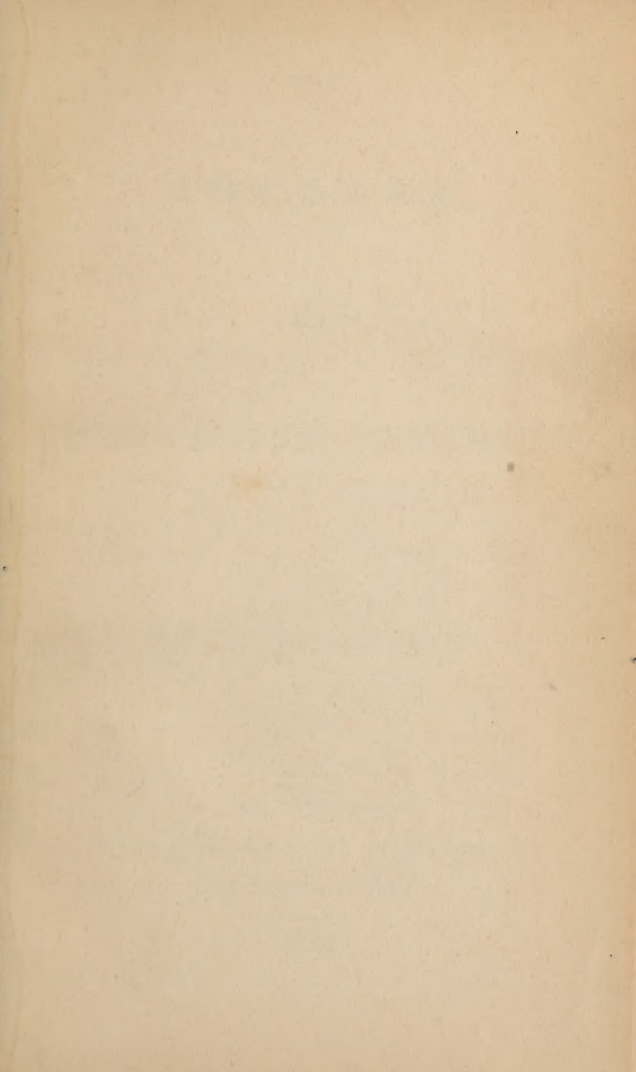
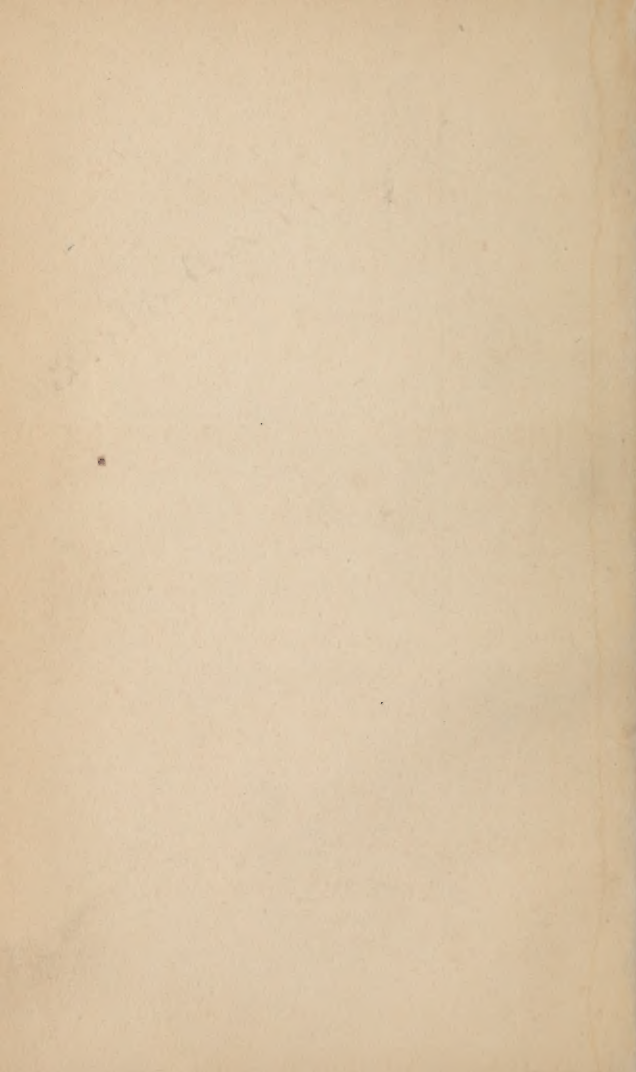


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HUMPHREYS
ON
CHOLERA.





THE
CHOLERA,
AND ITS
HOMŒOPATHIC TREATMENT.

BY
Federick ✓
DR. F. HUMPHREYS.

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P R E F A C E .

It was my intention to have translated and published some work upon the Cholera, upon the first apprehension of its visitation. But upon reading over everything which had been recently published upon the subject, the conclusion was apparent that such a course would not at all meet the demands of the case. The best articles were confined to the Medical Journals; others were meagre pamphlets, designed for laymen, and merely intended to supply a local want. I have therefore followed the advice of my excellent friend, Dr. Hering, and have written upon the subject, drawing upon all the material within my reach, none of which has been published in our language. The authorities are : Dr. Nus-

ser, Hahnemann, Dr. Lobethal, Dr. Wiesen-stein, Dr. George Huseman, Dr. Hencke, and others, all of whom have written more or less extensively upon the subject.

F. HUMPHREYS.

Utica, November 22, 1848.

WILLIAM RADDE,

322 BROADWAY, NEW-YORK.

Respectfully informs the Homœopathic Physicians, and the Friends of the System, that he is the Sole Agent for the Leipzig Central Homœopathic Pharmacy, and that he has always on hand a good assortment of the best

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THE CHOLERA

HOMŒOPATHICALLY TREATED.

WHEN the Cholera first made its appearance in Europe in 1831, Homœopathy could boast of but a small number of adherents. From the attenuated size of the doses of medicine employed, and the complete departure from the ordinary rules of practice, it had excited but comparatively little attention among the public or medical world. Among the monarchical institutions of Europe, where everything combines to sustain the powers that be, nothing is so much dreaded as the promulgation of new doctrines and opinions which may tend to unsettle the influence of those in place, and hence the disfavour with which

all new doctrines are viewed. It is not strange, that amid so many prejudicial influences the doctrines of Hahnemann, however beneficial for mankind, should have been received with no greater favour by physicians in general.

It was very generally believed when this Asiatic scourge first threatened western Europe with its presence, that should it come to be removed from its native jungles, and the crowded and ill-fed masses in the cities of the east, and subjected to the scrutinizing gaze and scientific examination of the enlightened physicians of Europe, its power would be broken. Numbers of the most able practitioners hastened to give the public their views upon the nature of the disease and its treatment, and in a short time the press was deluged with a very chaos of theories and opinions respecting it. But, alas! the Cholera paid but very little attention to these views. The treatment of the ablest allœopathic practitioners was but little more successful than that of the ignorant charlatan; and in almost every place where it appeared, in a very little time, the common people, scorning the mockery of such medical treatment,

cast their reproaches upon the physicians, refused all medical aid, and the half and even two-thirds of all who were attacked went down to the grave.

It was at this time that Hahnemann, in a brief circular, gave to his scattered disciples and the public his views respecting the treatment of this disease. He recommended the Camphor as the principal remedy, in connection with the Cuprum and Veratrum, upon the ground of their pathogenetic action upon the healthy, as containing the required curative indications, and as being the most appropriate remedies in this disease. The success of their application placed the truth of his observation at once in the most brilliant light. His disciples administered these medicines with such marked success, that several different European governments afterwards authorized the collection of the various items of statistics which were formally reported to them. The following is a list of those in our possession.

1. Dr. Roth reported to the Bavarian government, that 1269 cholera patients had been treated homœopathically in the Bavarian and neighbouring Austrian states;

of these, 1184 were cured, and only 85 died.

2. Dr. Bakody reported officially to Count Ferraris, health commissioner, that in the territory of Raab, in Hungary, he had treated homœopathically 223 patients with Cholera. Of these, 215 were cured, and 8 died.

3. From the official report of Admiral Mordrinoff to the Russian government concerning the homœopathic treatment of Cholera, it appears :

1. That in the district of Balaschof there were in the several villages of that district, 625 patients treated by the Chamberlain, A. N. Svof, of whom 564 were cured, and 61 died.

2. In the same district, upon the property of the proprietor, when homœopathic aid was administered without the least delay, 50 cases occurred, and 50 were cured.

3. There were, from the report of M. Pevalischine, on his possessions, 38 treated : 36 cured, and two died.

4. Report of M. Bitutsky, on his possessions there were 19 cases : 16 cured, and 3 died.

5. Report of M. A. A. Stolpyne : he had 13 cases treated, 12 cured and 1 died.

6. In the possessions of Baron Brode there were 188 cases treated: 177 cured, and 11 died, according to his report.

7. In the village of Saratof, Dr. Kleiner treated homœopathically 39 cases, 36 of whom were cured, and 3 died.

8. In the village of Gloubokienski, in the Don country, district Kamench, according to report of Dr. Kleiner, 59 cases were treated: 53 cured, 6 died.

9. In the villages of Renchevatiskeo and Illsenskoë, situated on the line of observation of the Caucasus, there were 85 treated: 67 cured, 18 died.

10. In the village of Raskasovo and vicinity, from the report of M. A. V. Toulief, who treated the patients, and of the proprietor, there were 92 cases treated: 87 of whom were cured, and 5 died.

11. On the property of A. M. Poltaratski, from the report of the proprietor, there were 45 cases treated: 44 were cured, and 1 died.

As a summary of the whole number of cholera patients treated homœopathically,

up to 1832, collected by Dr. Peschier, we have: In Russia, from the documents of Admiral Mordrinoff, there were 1557 patients treated: 1394 were cured, 163 died.

In Austria, documents of Dr. Roth and observations of Drs. Schuter, Hanesseh, and Quinn, 1406 cases were treated: 1314 cured, and 95 died.

At Berlin, observations of Drs. Stuller and Hayne, there were 32 cases treated: 26 were cured, and 6 died.

At Paris, observation of Dr. Quinn, there were 19 cases treated, and 19 cured.

From the foregoing statistics it will be observed, that of 3017 cases, 2753 were cured, and 264 died; or a proportion of eight and a half per cent.

Such results, occurring in portions of country where the mortality under the ordinary methods of treatment varied from fifty to sixty or even to seventy per cent., could not fail to attract attention. The result was, that several European governments which had adopted stringent measures to prevent the spread of this medical heresy, either relaxed or abolished them altogether; the attention of the public was

directed to this source; and many physicians of skill and eminence were induced to study and investigate the new method of practice. From that day a brighter era has dawned upon homœopathy, and both in Europe and in this country her increase and extension has been most triumphant and satisfactory.

After an absence of ten or twelve years, this scourge of our race, having almost made the circuit of the earth, has again left its old haunts in the east, and appeared in the north and west of Europe, and from thence hangs as a threatening cloud upon our horizon. During its long absence, it seems to have lost nothing of its former violence and malignancy. Thus far, following nearly the same track as in 1831 and 1832, the mortality has been full as large as formerly: 50, 60, and even 75 per cent., in the larger cities, has been the proportion of deaths to the number of persons attacked.

Fortunately, the experience gained during its former visitations, has not been lost upon us; and with its anticipated return, there are a large number of able and ex-

perienced homœopathic physicians prepared for its reception; and thousands of our population expect at their hand aid and comfort in the hour of extremity and peril.

Our allœopathic brethren, too, will be better prepared to meet it. With the Camphor, a remedy for the use of which in this disease they are wholly indebted to Homœopathy, and Ipecac., though neither the best remedies nor used in the best manner, they will meet the enemy with far better success than at its former visitation.

The remote cause of this disease may be considered as a peculiar poison, (miasm,) which is only propagated among men, and which seems to be contained in their neighbourhood, clothing, habitations, &c.

The Cholera miasm excites of *itself*, among persons of general good health, only a slight malise, or sickness, and at the most, only the first stage of the Cholera, the Cholerina. Almost all observers confirm the fact, that the Cholera perhaps always comes on after more or less con-

siderable precursors, and we may say, never breaks out at once as a fully developed disease; or at least such sudden attacks are unusually rare. The Cholera predisposition being present, a farther occasional cause, such as fear, some error in diet, a slight chill, or some excess, serves to develop the disease into the well-marked Asiatic Cholera. This is the principal source of consolation with reference to its approach, as well as a point for the application of prophylactics.

The duration of an epidemic in a place is different according to its location, its size, the density of its population, and other circumstances. It is usually, however, some months, with sporadic cases of greater or less violence before and afterwards, which all partake to some extent of the prevailing influence, until the disease shows no farther disposition to propagate itself. The proportion of the inhabitants who are attacked, ranges from one-third of the entire population, to one person in three hundred. We may remark, that the free air seems to attenuate the Cholera miasm, and is a very bad conductor for it. For, first, the Chole-

ra in infected cities does not equally extend over every part, but stretches itself along certain houses and streets. It is at times continually in the midst of travelling caravans, armies, and ships, either journeying with them, or leaping from point to point in their route. 2d. In narrow, contracted dwellings, lanes and alleys, hospitals and other confined habitations, the miasm is far more concentrated, intensive and malignant, than in a more open atmosphere; often even 99-100ths of those who are attacked in such localities dying. 3d. In certain grades of the Cholera, the temperature of the atmosphere appears to have but little influence upon it.

Occasional Causes: Among the most prominent of these may be named *fear*, an apprehensive state of mind; a sudden fright; loathing, on account of any offensive object; grief, especially continuous, depressing grief; errors in diet, particularly the use of heavy, indigestible food, and all such articles as dispose to relax the state of the bowels; beer, cider, and mineral waters; purgative or cathartic medicines; these are rarely or never beneficial, and

during a cholera epidemic may easily give occasion, by relaxing the integrity of the intestinal canal, to a sudden and fearful attack of the disease. Chill, the so-called taking cold; dampness or humidity; heat, a high temperature of the air; flat, low plains; cellars, or the basement stories of dwellings; and crowded habitations, as prisons; narrow lanes and alleys, where the air is close and confined.

Among the occasional causes which tend to diminish the disposition to this disease, may be named: a cold temperature of the air, and a considerable altitude above the level of the sea. To these may be added, a section of country free from lime-stone, and of course lime water.*

* Dr. Charles T. Jackson expresses the belief, that New England will again escape the ravages of the Cholera. He says:

“We have a right to infer, that since it never has visited the granite countries of Switzerland or Tyrol, in Europe, while it followed the calcareous district around; and since it did not occur in the primary districts of Maine, New Hampshire, Vermont, or Massachusetts; while it did follow the calcareous formation through Canada, New York, Ohio, and along the Mississippi—that the calcareous soil or waters had much to do with the production of the disease. We know that the bowels of any Eastern man who travels through the calcareous districts of the Western states, are much disturbed by the action of bi-carbonate of lime which

Chlorine does not here appear to possess any special disinfecting power.

Predisposing causes: Persons of middle age are more liable to attacks than infancy and old age. The female sex are considered more subject to it than males; idiocy; chronic diarrhœa especially predisposes the system for it; habitus venosus; persons of scrofulous diathesis; intermitting fevers. Among children, the male sex are more liable than the female, and those affected with apthæ, jaundice, worms, and those who suffer from teething, are more disposed to an attack of Cholera than others.

It has been remarked, that infancy and old age are most exempt; and those suffering from ulcers of the legs, from phthisis, and the *influenza*, especially the latter, are least subject to the disease.

DIAGNOSIS: I. Copious secretion in the stomach and intestinal canal of a serous fluid. It is like the white of an egg or rice water, neutral, somewhat yellowish,

is contained in the water; and hence we might naturally infer, that such a disturbing cause might render the constitution more liable to the Cholera, which has its seat in the stomach and small intestines."

mixed with whitish flocks of the size of linseed, and at times with blood ; of a slight mouldy, sperm-like smell, and flat, insipid taste, which is discharged without exertion by the mouth and rectum. In more rare cases, the discharges are almost pure, thick, coagulable flocks, with very little serum.

II. Great diminution or entire disappearance of all the secretions and excretions. The tears cease to flow ; the saliva is dried up, and the mouth is parched ; there is no trace of bile in the intestinal canal ; the fæces are wanting in the discharges ; there is an entire suppression of the urine, and the bladder is empty ; the expiration and perspiration are both suppressed. The secretion of milk in nurses and that of the menses are only excepted.

III. Deficiency of elasticity and warmth in the skin ; hence we have the Cholera shrinking or shrivelling of the hands and other parts, like those of a washerwoman, *facies cholericæ*, lead-coloured countenance, &c. The mucous membrane becomes involved, hence the cold tongue, hoarse peculiar cholera voice, and cold breath. The blood vessels and the heart are similarly affected, hence the soft

pulse, the bellows tone of the heart, and stagnation of blood. 4. Tonic cramp of the muscles, less frequently clonic, especially of the lower extremities and the abdomen.

COURSE. The Cholera has usually three several stages. Besides these, there are frequently slight precursory symptoms, which may even continue for days and weeks previous to the attack, such as: Irritability of mind; lassitude; sleeplessness; unrefreshing sleep; soft and slow pulse; confusion of the head; paleness of face; pressure of the stomach; nausea; rumbling of the abdomen; inclination to diarrhœa; cramp of the calves, &c.

1st STADIUM. THE CHOLERINA. The patients have an *aching or pressure in the pit of the stomach*, which is worse upon contact; burning, which often extends to the throat and the abdomen; diarrhœa, especially in the morning, which varies considerably in its consistency, colour, &c., but is *fæcal*. At times, it is continuous, the patient having 10, 12 to 20 stools in the course of 24 hours, which during the transition to the 2d stage becomes constantly more and more thin and serous, until the flocculent

discharges appear; or, after some more natural discharges, the stools assume the characteristic cholera appearances. Often, early in this stage, upon auscultation, the bellows-sound may be distinguished, first in the abdominal aorta, and later in the heart itself. The pulse becomes softer, the thirst more or less intense in proportion to the frequency and fluidity of the diarrhœa, and the number and grade of the accompanying symptoms, as given among the precursors. Duration extends from a few hours to over seven days.

TERMINATIONS: Either in health, by the gradual remission of the symptoms; the appearance of slight *sweat*; quiet sleep; an increase of urine; and more consistent stools.—Or, it may pass into the second stage, with an increase of the symptoms, and the formation of the characteristic evacuations.—Or, finally, it may end in the *typhus variety*; with great dulness and stupidity, the head becoming heavy and confused, with pressure especially in the forehead; the eyelids red and inflamed; roaring in the ears and hardness of hearing; warm tongue, &c.

2d STADIUM. CHOLERA EXQUISITA. It begins in the usual course, as soon as the vomitings come on and the evacuations upward and downward assume the characteristic peculiarities. Its conclusion is also marked by the remission of the vomitings. Duration is from two to forty-eight hours. The disease presents the following picture.

1. *Anguish* in the chest, an anguish like that of death, sometimes the patient lying still upon his back, at others with great complaining, inquietude and tossing about.

2. *Indifference*, want of interest and insensibility to everything, even relatives and bodily injuries.

3. & 4. *Cramps*. Perhaps from congestion of blood in the spasmodically-contracted vessels, as in proportion to the cramps we have venous congestion and blueness of the surface. They are mostly tonic; less frequently clonic, and more so at the commencement of the attack, and are manifest to the touch by the rigidity, hardness and knotting of the muscles, which often remains after death. They commence usually in the lower extremities and pass to the upper, then to the muscles of

the abdomen and the chest, and sometimes even the jaw itself. Not unfrequently they are very slight or almost entirely wanting; at others excessively violent, and excite in the abdominal muscles violent tearing pains, causing the patient to scream out with agony. The voluntary muscular strength still continues with increasing weariness and lameness. Paralysis of the muscles never appears, although in death the muscles remain tense.

5. The pulse at the wrist is very soft, and towards the peripheric not perceptible to the finger; and in attacks of spasm, disappearing or raising to 110 or 120; and later it becomes threadlike, and imperceptible. At the carotids and heart, it is likewise soft and small, yet continues longer perceptible. Upon auscultation, the sound of the auricle is very **indistinct**, while that of the ventricle is very clear, especially at the **precordia**.

6. The skin is especially inelastic, cold, dry, glazed, pale or leaden-gray; on the glans, the fingers, toes, and point of the nose, and around the eyes, a bluish gray colour, and sometimes even violet. From

want of elasticity, the skin forms long folds or wrinkles, especially on the back of the hand, the fingers and abdomen. Some elevated folds remain standing, or show themselves slowly after each other. Wounds do not gape open, and the skin feels like buckskin. If sprinkled or bathed with cold water, there is no appearance of goose-pimples or cutis anserina. With children and fat persons the folds are often scarcely perceptible. The temperature of the surface is from 60 to 70 Fahrenheit, the lowest at the points of the toes, the fingers, the nose, and the ears; a few grades higher upon the chest and under the armpits. The coldness appears first, and is by far the most intense at the lower extremities. The sensation of warmth to the patient remains; blisters redden the surface; the itch disappears; syphilis remains, and dropsies sink away; all these diseases of the skin return again after Cholera and are increased.

7. *Facies cholericæ*: The eyeballs are rolled upwards, heavy and glazed; the pupils are dilated; sclerotica surrounded with a bluish half moon; staring gaze; the upper eyelid is half closed, the lower is sur-

rounded with a bluish half moon. The colour of the face is pale, from leaden-gray to violet; skin on the lips, cheeks and point of the nose appears glazed; the nose is pointed; cheeks are sunk in; the upper lip is drawn upwards; the nostrils and cartilage of the ear are very movable, with folds or wrinkles from the nostrils to the corners of the mouth. This *facies cholericæ* is a peculiar characteristic of the highest grades of the disease, and is indeed a frightful and ghostlike appearance.

8. *The tongue* and mucous membrane of the mouth is cold, dry, and feels like tanned leather; it is movable, and at the commencement of the attack clean, but during its progress to the first variety it becomes coated; with greater danger it is bluish, sometimes it is shrunk up, shrivelled, and this contracted state of the tongue is considered as a particularly fatal symptom.

9. *Aching in the præcordia*, aggravated by external pressure, often by the slightest, with anguish and oppression; at times there is also burning, extending from the præcordia down into the abdomen, and upward into the œsophagus.

10. *Thirst.* At the beginning it is moderate, but later becomes inextinguishable; sometimes with dread of drink, or with violent longing after water or fruit, acids and fresh air.

11. 12. *The characteristic evacuations** upwards, come on usually somewhat later than those downward. The vomiting alternates with diarrhœa, which becomes more thin and somewhat flocculent, gushing out without exertion, and sometimes in such large masses as to appear like thick pea soup, which, however, is not to be considered unfavourable. During the transition towards health, the stools become loamy. They are sometimes mixed with blood, and are either bright red, dissolved in the exudations and scentless, which mostly occurs among plethoric subjects between the ages of 24 and 40; or, it is darker, unmixed and bad smelling, as appears among old people. These mixed bloody stools are always in the highest degree dangerous.

13. *Suppression* of the secretions and excretions, as we have noticed in the diagnosis.

* See Diagnosis.

14. The *breath* is cold, from 60 to 65 Fahrenheit; the inspiration is deep and somewhat slow, the expiration short and groaning. Upon auscultation, the respiratory murmur is very distinct and somewhat puerile; the tone, upon percussion of the thorax, is very clear on the anterior and posterior portions, as if from emphysema.

15. *Cholera voice*: arising from the want of elasticity of the mucous membrane and epiglottis, and the muscular spasm. Occasionally after the first, but most usually after the third or fourth vomiting, the voice becomes characteristic; it is rough and hoarse. Hiccough is not unfrequently present, and is often very distressing.

16. 17. Aggravation of the disease after midnight and towards morning; during the afternoon the patients lie more quietly. Every movement exhausts the patient very much. It has been remarked, that by far the greatest number are attacked with cholera between midnight and day-break.

TERMINATIONS OF THIS STAGE: (a) In health, by the diminution or disappearance of the symptoms peculiar to this stage, and the appearance of those belonging to the first.

Remission of the coldness, and dryness of the skin; the pulse comes up, the thirst and anguish abate. The vomiting becomes less, and assumes a yellowish-green cast; the stools become greenish, or brownish; *sweat* appears; there is more calmness and lassitude, and *sleep* comes on; later the urine becomes pale, yellow, clear and copious, and finally there is increased appetite. Wounds heal very quickly. Duration of convalescence from 2 to 14 days: or (*b*) it may end in the third stage: with disappearance of the vomiting, failure of the pulse, et cetera; or (*c*) again it may end in the typhus variety: with drowsiness, roaring in the ears, bluish face, and other symptoms peculiar to that condition.

3D STAGE: Usually known as the *paralytic*, or state of collapse, from the loss of pulse, suppressed circulation, &c. The commencement of this stage is marked by the remission of the vomiting. Therewith there is the highest degree of indifference, at times like delirium, though consciousness continues to the end. The greatest weakness is present; the patient lying on the back, or sinking down towards the foot of

the bed; on the skin there returns a slight degree of warmth and moisture; a more marked blueness and *facies cholericæ*; pulse becomes imperceptible at the wrist, later even at the carotids, and the heart itself; the eyes are dim, and when speaking appear glazed; seldom or never is there the characteristic vomiting, and diarrhœa; but later, the stools are passed involuntarily as from a rill; the respiration is laborious, rattling, and almost gone. Duration is from one to two hours, and up to as many days.

TERMINATIONS: (a) In death, often after a long period of suppressed circulation of the blood, and of the respiration. (b) In convalescence: when the arrest of the circulation has not continued for too long a period; when the stools appear bilious; there is a return of the pulse and tone of the heart; disappearance of the blueness; and the anguish; and the respiration becomes easier; yet the return to health is very tedious. Very trifling circumstances, as for instance, a slight degree of mental excitement, increased warmth, or heightened temperature, and some kinds of food and drink, excite again the anguish, palpitation of the

heart, small soft pulse, and inclination to vomiting and diarrhœa. Weakness as after great loss of fluids, with inquiet sleep, &c., remains for a longer or shorter time. Or, (c) in the typhus variety, (see below,) with coming on of stupor, &c.

VARIETIES: 1ST VARIETY. Among these by far the most frequent is the congestive form, which in its farther development becomes the typhus; as it is from the reaction of the cholera itself, and is its direct counterpart. We have here arterial congestion and symptoms derived from it, in the brain, spinal cord, and their nerves; while in venous cholera, the brain and organs of sense maintain their supremacy. Hence existing inflammations very quickly disappear during an attack of cholera, and during the convalescence wounds heal up very suddenly. From hence also it is the most frequent variety, traces of it being found in almost every patient. It may take part at the beginning of an attack of cholera, or it may arise out of a cholerina, or from either the fully-developed or asphyctic form of the disease. It very commonly arises where many people are crowded to-

gether, living in close, confined dwellings, where there is a high degree of cholera miasm prevalent; or it may arise in the course of the disease from an entire or partial suppression of the evacuations. The symptoms are: quiet immovable position upon the back, and later, sinking down to the foot of the bed; stupidity; when roused up, the patient only complains of great weakness; momentary delirium; the eyes are staring; pupils dilated; conjunctiva reddish; hardness of hearing; humming in the ears; dirty-bluish colour of the face; nostrils dark and foul; the tongue is dry in the middle, somewhat swollen, as if œdematous, and indented from the impression of the teeth; the tongue, teeth, lips, &c., covered with sordes; the thirst is but slight; respiration accelerated, and somewhat puerile; the speech is not hoarse, but thick, stammering; the pulse again becomes perceptible, the tone of the heart is not free, and the contractions appear laborious. Later there comes on somnolency, then sopor, then stupor; or, great delirium, *desire to fly* out of bed, or entire unconsciousness, rattling respiration, and in rare

cases, meteorism. Finally, the pulse and strokes of the heart become intermittent, very rapid; the carotids pulsate violently, the air no longer penetrates the lower portion of the lungs; the respiration becomes more and more slow; and death ensues.—Or, there arises a remission of the great exhaustion and delirium; the urine becomes more clear and copious, moderate sweat and sleep come on, which are followed by convalescence. Duration from five to ten days. Trembling of the hands, *calor mordax*, *meteorism*, the usual attendants of typhus, are wholly wanting, or occur very seldom.

2ND VARIETY. *Hydrocephalus cholericus*. It appears among infants and children up to the seventh year, and is essentially a form of the first variety. Its attack is often very sudden. It is manifest by tossing about of the patient; somnolency; stupor; almost entire loss of consciousness; bending back of the head; boring of the head into the pillow, hot scalp. The ears and nose are cold; the eyes half open; the eyeballs rolled upwards; cornea slightly glazed, pupils dilated, and some intolerance of light. The mus-

cles of the throat, especially the sternomastoideus are tense; the abdomen is fallen in and soft; respiration is accelerated with occasional deep inspirations; the extremities cold; the thighs drawn upward; the pulse quick, tense, and changeable. This variety appears often very suddenly, frequently after the second or third stage of the usual cholera. Duration from four to ten days.

3D VARIETY. *Cholera asphyctica*. Cholera with predominating affection of the organs of the chest, lungs and heart. Here we have the greatest anguish and inquietude; blueness of the face and extremities; the evacuations upward and downward, and the cramps, are comparatively slight; but in place of these, the respiration is in the highest degree difficult and laborious, but yet painless. The respiratory murmur is very loud; the strokes of the heart are small, almost imperceptible, at times a mere flutter; it has often the shortest and most highly dangerous course. This form appears particularly among strong plethoric men of twenty or thirty years, in different grades and modifications, and is often a

termination of different stages and varieties.

FOURTH VARIETY.—The so-called *Diarrhœa colerica* is only a very slow and mild course of the second stage.

FIFTH VARIETY.—Cholera of pregnant women. It has commonly the usual course, but is almost always attended with the death of the fœtus, which is generally preceded by violent movements of the child.

SIXTH VARIETY.—*Cholera sicca*, dry Cholera. A Cholera without any vomiting or diarrhœa, and belongs among the most seldom-appearing diseases, at least in Europe.

PATHOLOGICAL ANATOMY. 1. The skin has yet the *Habitus cholericus*, the blueness, &c., to almost the same degree as during life. From the permanence and importance of the symptom, inelasticity of the skin, the body after death does not become white. 2. The *mucous membrane* in the stomach, less in the *duodenum* and *jejunum*, particularly the *epithelium*, is rough and abraded, or various portions are reddened, or covered with minute elevations, or again it is pale. Where there has been *bloody*, scentless diarrhœa, (see 2d stage, sections 11, 12,) the

small intestines are very much reddened in many places ; and when the stools have been cadaverous, the large intestines present the same appearances. 3. Among the *serous* membranes the *arachnoidean* contains three or four times the normal amount of fluid, especially with the first variety ; the pleural sacks, and the *peritoneum*, are dry ; the *pericardium* is externally dry, and contains but a very little serum. 4. The blood vessels are filled with dark, grumous blood, even all the veins and arteries, and the more so the nearer they are to the *aorta*. 5. The *brain*, spinal cord, and nerves from the brain, appear frequently firmer than normal, especially after violent spasms ; the nervous *sympatheticus*, and its ganglions, are at times darker, and the *solar plexus* often redder than usual. 6. The muscles are tolerably tense, as during life, not as if paralyzed ; the *lungs* are emphysematous upon the surface, especially where, as in the third variety, there has been violent anguish ; the *liver* is normal in size, and full of foul, greasy blood ; the *spleen* is small and hard ; the kidneys are firm and compact ; the bladder is very much contracted, and wrinkled internally.

PROGNOSIS. It is *favourable* with females of middle age, and among boys, and where the evacuations are moderate in frequency and quantity. *Unfavourable*, with small children ; with aged persons ; with strong and plethoric men ; where there are too scanty evacuations ; where there are pains like those of labour ; where there is swelling of the glands of the ear, without maturation ; petechiæ ; when a pulseless condition has continued for some time ; when there is great coldness and blueness of the surface : or where there is a predominant affection of the chest or brain, or bloody diarrhœa ; or, finally, where there is violent thirst, without copious drinking. Under Homœopathic treatment, from 5 to 12 per cent. die of those attacked ; and under Allopathic, on the whole, 50 per cent.

THERAPEUTICS.

The precautionary measures to be adopted during the prevalence of Cholera are few, and easily reduced to practice. A diet, simple, easily digested, and strongly nourishing, should be sought ; and every article which may exercise a relaxing in-

fluence upon the intestinal canal, should be carefully avoided. Hence fruit, vegetables, and salads, lettuce, onions, pickles, *cucumbers*, melons, should be entirely abandoned, or used with extreme circumspection. Cathartic medicines are generally injurious, but, at such times, particularly dangerous, as being apt to induce a diarrhœa, and thus bring on the disease. The body should be kept at a warm, comfortable temperature, especially the feet and abdomen, and daily washing of the entire surface with cold water, is of decided advantage. Fresh air, and the daily ventilation of sleeping apartments, and those constantly occupied, cannot be too strongly insisted upon. Narrow, close dwellings and locations, and especially where there is much moisture, should be avoided. To those in the habit of using stimulus daily, its entire and sudden abandonment might prove prejudicial; while others, not so habituated, would be extremely culpable to use spirituous drinks, under the idea of thus protecting themselves from the prevailing influence. Every care should be taken to prevent taking cold. With these there

should be maintained a quiet, even, and, as far as possible, a cheerful state of mind, a freedom from depressing anxiety and fear, and a quiet trust in Divine Providence.

PROPHYLACTICS.

The prophylactic medical treatment which has been most extensively employed against this disease by homœopathic physicians, is the use of the *Veratrum* and *Cuprum*. They are usually given in alternation, a few drops or pellets of the one, or the other, alternately every second or third day. Dissolve some pellets of each (third or sixth attenuation) in a half glass of water, and given to every member of the family, one teaspoonful of the fluid in the morning on rising, alternating the two remedies. It is stated that Dr. Marrenzeller gave these medicines to many thousand people in Vienna during the Cholera, none of whom fell victims to the disease. Similar results were gained in Hungary and Poland by other physicians. According to Dr. Hering, Sulphur should prove a most efficient prophylactic for cholera. Wearing a small piece of copper upon the pit of the stomach was practised by thousands in Germany during the Cholera, with what

effect we are not informed ; but doubtless the absorption of copper into the system from this most sensitive point, would not be without its influence. It is the general experience of homœopathic physicians, that, among those who took the medicines, and were attacked, the disease showed itself in its mildest form, while those who had omitted this preventive treatment, were attacked with great violence.

We have purposely omitted the Camphor in our list of prophylactics, as this remedy, although one of the most powerful and penetrating in the *Materia Medica*, and filling a space occupied by no other, is far too evanescent in its action to serve the purpose of a good protective.

During the course of the prophylactic treatment, the patient should abstain from the use of coffee, green tea, vinegar or acids of any kind, camphor, ardent spirits, port wine, all aromatics and perfumes, fat pork, strongly spiced or seasoned food, and the use of any emetic, cathartic or domestic medicines. All these interfere to a greater or less degree with the salutary influence of the minute doses of medicines

employed, and it is of the greatest importance that they be permitted to expend their action undisturbed.

When a fearful, anxious, apprehensive state of mind, prevails in a patient, this circumstance should not be lost sight of in making out a prophylactic prescription. The remedies most appropriate to this condition are *Arsen.*, *Bell.*, *Laches.*, *Secal.*, *Stram.*, *Veratr.*

TREATMENT OF THE PRECURSORS.

Where there are present, besides the accompanying anguish of the precordia, and great fear, anxiety, &c., cramps in the calves of the legs. &c., *Camphor.*

When there is aching and burning in the precordia: *Acid. phos.*, *Arsen.*, *Phos.*, *Verat.*

With rumbling in the abdomen: *Acid. phos.*, *Phos.*, *Verat.*

With diarrhœa: *Acid. phos.*, *Arsen.*, *Ipecac.*, *Phos.*, *Secal.*, *Sulph.*, *Verat.*

With predominant confusion of the head: *Stram.*

FIRST STAGE OF CHOLERA, OR CHOLERINA.

Before the appearance of the developed Cholera, in some cases many days, in

others only a few hours, we have a peculiar diarrhœa, the *Cholerina*. This diarrhœa in the beginning is feculent, but soon becomes watery, greenish, often mixed with white slime. There is also confusion of the head; rumbling in the abdomen; *aching at the pœcordia*; *thirst for water*, and pale face. It is of the utmost importance that these symptoms should be cut off at once, as, unless cured, the developed Cholera in the second or third stage is sure to come on. Such appearances should be sufficient at once to confine the patient to his room, and demand the prompt exhibition of the proper remedies.

Phos. acid is the specific remedy in this form of the disease, especially if the diarrhœa be painless and accompanied by borborigny, and rarely fails in a short time to arrest its farther progress. A few pellets or drops of the third, sixth or ninth attenuation dissolved in water, of which a teaspoonful may be given according to circumstances, every one, two, or three hours, diminishing the frequency of the dose with the progress of the improvement.

Should these symptoms be accompanied

by *remarkable coldness* of the extremities, or the diarrhœa accompanied with pain, a dose of *Veratrum* would be preferable.

If such a condition should have been induced by overloading the stomach, the use of heavy indigestible food, &c., especially if we have reason to suspect that the offending matter remains yet undigested, *Ipecac.* would be appropriate ; and evacuating the stomach by means of a cup of coffee without sugar or milk, might under such circumstances be necessary.

During the treatment, the thirst may be allayed from time to time, by giving small portions (sips) of fresh cold water, or ice water, and enemata of cold water or starch water may be exhibited with advantage, should the exigencies of the case require them.

SECOND STAGE : CHOLERA EXQUISITA. During this stage it should be borne in mind that quietness, repose of body, is of the highest possible importance. Every movement of the patient, either active or passive, directly tends to increase the morbid phenomenon, the anguish, the prostration, the cramps and the evacuations ; hence, though not al-

ways possible, yet it is in the highest degree desirable to produce this quietness. The patient should be kept in bed, and well and sufficiently covered, and use for his evacuations a bed-pan under the cover; or if obliged to use a close stool by the bed side, the room should be warmed, and the circumstance considered as prejudicial.

For food, nothing should be allowed but unspiced meat broth, and of these the mutton is the best, next that of chicken. For drink, *cold water*, or even iced water, and of this in most cases the patient may drink a full supply; and should it not be desirable to use the water so profusely, the same end may be obtained by keeping small portions of ice from time to time in the mouth and swallowing them. The ice is not only extremely grateful to the patient, but exercises a specific influence upon the vomiting, the constantly recurring cramps, and the inextinguishable thirst. It is a favourable indication for patients to drink largely of cold water.

When this stage is ushered in with: *violent* and *profuse evacuations* of rice water like fluid, *upward and downward*; great an-

guish and oppression of the chest ; distorted and painful expression of the countenance ; icy coldness of the extremities ; a pale and cold or bluish face ; *extreme thirst for cold water* and *profuse drinking*, and longing after icy-cold or acid drinks ; cramps in the calves of the legs, fingers and toes ; violent pains in the abdomen ; pressure in the precordia ; cold, lifeless, bluish skin covered with clammy sweat ; hoarse, feeble voice ; coldness of the mouth and tongue ; weak, small and diminishing pulse, and great weakness, VERATRUM ALB. is the specific remedy. A few drops or pellets of the third or sixth attenuation, dissolved in water, and a teaspoonful of the solution, may be given every fifteen, twenty or thirty minutes, according to circumstances. During the present epidemic of cholera in Europe, the Veratrum has fully and even more than sustained its former reputation. And while some remedies, as the sequel will show, have declined in estimation and value, owing to a change in the phaze of the disease, the worth and influence of this has been rising.

In close proximity to the Veratrum, and

exceedingly analogous to it in action, we have the *Arsenicum*. The indications for its employment are the following: rice water evacuations upward and downward, either mixed or not with whitish albuminous flocks; *great and sudden prostration of strength*; sinking, very feeble or wanting pulse; painful oppression of the chest and difficult respiration; coldness of the extremities and surface, while the patient complains of *terrible heat and burning* in the *precordia, stomach and abdomen*; extreme thirst, yet the patient drinking but *little at a time*; *constantly increasing restlessness*, and fearful, deathly anguish, tossing hither and thither, and throwing off the bed-clothes; staring eyes; expression of anguish in the face; dry skin; almost lost or very hoarse voice, &c. Should the *Veratrum* not produce the desired amelioration in a comparatively short time, we shall do well to interpose the *Arsenicum*, especially if the *sudden prostration of strength, collapse of pulse, burning pains and anguish, slight evacuations, restlessness and drinking but little at a time*, be present.

Jatropha curcas. Symptoms for its use

are: Fearful vomiting of profuse masses of watery or white of egg-like fluid, pouring from the mouth like a fountain, with spasmodic constrictive pains in the region of the stomach, or also with burning in the stomach; continued gushing out of water from the anus; cramps in the calves of the legs; general coldness of the entire body, &c. The *Jatropha*, according to Dr. Karl Hencke, whose valuable communication will be found at the close, is appropriate and very efficacious where *Veratrum* is indicated, and yet remains without effect. Where the lowest attenuations, as for instance under the fourth, are used in many and repeated doses, it commonly produces, after the removal of the characteristic appearances, a threatening congestion to the head; which should be borne in mind in its administration.

As the *Jatropha*, *c.* is unquestionably one of our most valuable remedies in the cholera, and as we have but a very meagre proving of it at best, we will insert from Noack & Trinks' Manual so much of the pathogenesis as relates to this subject. Among its symptoms we find: spasmodic

appearances; convulsions; sinking and great loss of strength; great lassitude and drowsiness; feeling of acridity in the throat, by degrees increasing to great violence, extending over the stomach and finally producing vomiting; loathing, nausea, disagreeable feeling of burning in the stomach and œsophagus; violent vomiting and purging, with congestion of blood to the head; anguishing burning in the stomach; very easy vomiting of matter like the white of eggs in large quantities, with forcible and violent discharges by stool, accompanied with anguish, coldness of the body, clammy sweat, and violent spasmodic pains in the legs, and stiff, rigid cramps of the calves.*—*Violent, excessive evacuations, upwards and downwards*, with entire exhaustion, spasmodic affections, and death. Slight pinchings in the abdomen; increased discharges by stool. In the morning, strong urging as to a diarrhœa stool, followed by violent burning in the rectum.

Often, especially in females and persons of a weak, irritable temperament, the Cholera takes a form which from the predom-

* From having eaten the seeds, and after the removal of the poison from the stomach.

minance of the cramps may be termed the SPASMODIC. Here, in addition to all the peculiarities of the fully-developed Asiatic Cholera, we have : cramps and spasms of the calves of the legs, the fingers, toes, and hands ; painful spasms of the abdomen and arms, and at times, clenching of the teeth, and even general spasms of the whole body. There is aching in the precordia, and the abdomen is extremely sensitive to pressure. In general with this form, the evacuations are less copious, but the spasms are the more painful and dangerous. *Cuprum metal*, finds here its appropriate sphere of action, and may be exhibited in frequently-repeated doses, alone or in alternation with another remedy. With this form there is less intense thirst for cold drinks, but more longing for mild warm fluids. This desire may be gratified by giving the patient small portions of toast or barley-water, or even weak mutton broth. Compare *Secal*.

Another, and during the first invasion of the cholera, and while the disease was upon the increase, a not unfrequent form, was what may be termed the PARALYTIC.

This form, from the communication of Dr. Hencke, appears to be very prevalent and very fatal at the present time in Europe. Often within the space of half an hour from the first attack, and not unfrequently as a termination of one of the other forms or stages, we find the following condition: The body becomes *icy cold* and *blue*, and in some cases there is cold sweat upon the upper portions of the body and face; there is vertigo; fainting weakness; qualmishness and nausea; *pressure* and *constrictive pain* in the *præcordia*; retching, perhaps even vomiting; *little* or *none* of the characteristic evacuations, but on the contrary, a constant inclination and urging to stool; icy-cold breath; cramps in the calves of the legs; face and lips blue, with an expression of anguish; sinking and even entire loss of pulse; sudden sinking of strength, even falling down and inability to stand; hopeless dejection and anguish as if he would suffocate; half benumbed and insensible, the patient moans and cries in a hoarse hollow tone, and when interrogated, tells of terrible burning in the stomach and throat, and cramping pains in the

muscles and calves, and screams out on being touched in the precordia. There is, as a rule, *no thirst, no nausea, no vomiting or diarrhœa*, or these are exceedingly scanty and rare.

When this condition is present, whether the patient be stricken down at once, or it follow as the termination of one of the other stages, *Camphor* is the remedy. Every three or five minutes, two or three drops of strong spirits of Camphor should be given the patient, either on small bits of sugar, or mixed in a teaspoonful of water, and put into the icy-cold mouth.

Meantime small portions of ice, and iced water, should be given internally at quickly repeated intervals, and the pit of the stomach, the abdomen, armpits and extremities, should be briskly rubbed with camphor held in the hollow of the hand.

A writer in an excellent little treatise before me, entitled: *Treatment of the Cholera with ice*, by Dr. George Huseman, of Würzburg, Germany, recommends not only the internal but also the external application of ice as a remedy in this disease. During this stage of collapse, the soles of

the feet and lower extremities to the knees, and the arms from the shoulder to the hands, on the inner surface along the course of the large vessels, are to be briskly rubbed with pieces of ice three or four inches in length. After rubbing them half a minute or a minute, the limb is instantly to be wiped dry and thickly covered with well-warmed clothes, so as to promote the return of warmth and vitality. This operation may be repeated once in half an hour or hour, according to circumstances, in conjunction with the other remedies, until some degree of warmth and consciousness are restored, or until, what is not unfrequently the case, the first phase or stage of the disease is again established. Should the jaws be spasmodically closed so that the Camphor cannot be given by mouth, it may be sufficiently administered by vapour by pouring the Camphor into a heated basin, held so that the vapour will be inhaled; and two teaspoonsful of camphor in a half pint of warm water may be given as an injection. These extreme measures will rarely become necessary, but we give them for the sake of completeness. The rubbing

and kneading of the extremities with the warm hands, which should be performed under the bed covering, is of the greatest importance, and should by no means be neglected. When some degree of warmth and the characteristic evacuations are established, the Camphor is no longer serviceable, and should be omitted, the room aired so as to expel the vapour of Camphor, and the Veratrum, Arsenicum, or other remedies, will again come in play.

Should an Asphyctic condition have become established, as a termination of one of the preceding stages, the condition of the patient should not be considered as altogether hopeless. Here the body of the patient is mostly cold, blue, the face cyanotic, with visibly increasing blueness; the discharges upwards and downwards either entirely suppressed, or discharged suddenly and without consciousness; entire pulselessness at the wrist, and scarcely perceptible strokes of the heart; slow, groaning, difficult, and icy-cold respiration; spasmodic rigidity of the muscles, and frequently spasm of the jaw. The majority of such patients are lost. *Carb. Veg.*, in

homœopathic hands, has often restored to life. It may be given in the higher (18th, 24th, 30th) attenuation, and frequently repeated. Lobethal says once in five minutes,¹ (a few pellets,) in conjunction with the rubbing and brushing of the body, and use of ice, as above remarked. Should the use of the *Carbo Veg.* not produce the desired amelioration, we should have recourse to the *Kali Hydrocyanicum*, or also the *Acidum Hydrocyanicum*. These may possibly yet meet the exigencies of the case, and recall the waning spark.

Secale Cornutum. Indication for its employment, according to Dr. Hencke, are: Very profuse exhausting discharges by stool; violent painful cramps in the feet or toes, hands and fingers, which are often spread apart and drawn backward towards the wrist; spasmodic pressure in the stomach; wrinkled, shrunken, cold skin; cyanotic colour, etc. This species of cramps, when they remain after the removal of many other appearances by other remedies, or when they come on from the first, are sure indications for its use, and will speedily be removed by the smallest doses of this remedy.

Very generally, with the disappearance of the usual Cholera discharges, and with the return of the normal temperature of the skin, after some hours the secretion of the kidneys, which during the course of the disease had been entirely suppressed, is again roused into activity. The discharge of urine is generally accompanied by a very sensible urging and pressure, which not unfrequently increases to a considerable pain, and extends not only through the urethra, but over the entire abdomen. This painful urination and urging, acting upon the depressed and irritable system, may not only excite great inconvenience, but even involve the patient in imminent danger: *Cantharis*, a few pellets dissolved in water, of which a spoonful may be taken every hour or more seldom, is the appropriate remedy. But the efficacy of this remedy, according to Dr. Lobethal, extends yet farther. When during the convalescence in the reaction of the circulation, there is connected a considerable congestion to the vascular system of the abdomen, so that an inflammatory action is to be feared, *Cantharis* is the proper

remedy ; it is also very efficacious in diarrhœas remaining after Cholera.

With respect to the *secondary diseases* of Cholera, but little can be said. They will most usually be found to take the form of the particular chronic weakness or infirmity to which the patient was constitutionally predisposed before his attack.—Hence they may assume almost any form, and their successful treatment may demand a great range of remedies, each individual case being decided by the similarity of the pathogenesis of the remedy, and the peculiarities of the case. But we may however remark, that when a case of Cholera seems to degenerate into a species of typhus, the remedies to be exhibited in accordance with the symptoms are : *Acid. Phos.*, *Rhus*, *Bry.*, *Bell.*, *Carbo Veg.*, *Opium*, *Phos.*, *Arsen.*, and also others.

General debility, such as appears after great loss of fluids, and is an almost universal sequel of Cholera, is best met by *China*.

Weakness of the intestinal canal, characterized by continual liquid stools, without pain, and with attending debility, are re-

moved most certainly by *Tinct. Sulph.*, *Phosphorus*, *Acid. Phos.*, and *Secale*.

During the period of convalescence, patients must for a considerable period, at least for two weeks, use the utmost precaution in regard to diet. The same rule is also applicable to those recovering from an attack of Cholera, as experience shows that a relapse may very easily take place, which is always more dangerous than the original attack. There usually remains, for a considerable period, great weakness of the intestinal canal, which shows a decided irritability to the action of any cathartic or laxative medicines. These should be especially avoided. The diet should be mild, simple, easily digested, and nourishing. The use of fruit, acids, green vegetables, spirituous drinks, or heavy indigestible food, are to be carefully guarded against, and every precaution employed to prevent taking cold.

We give now, under seventeen different heads, corresponding to all the important symptoms of the Cholera, a repertory of the various medicines which may come into employment in the treatment of this

disease; distinguishing, as far as may be, the comparative value of each symptom, by the type employed.

1. ANGUISH in the chest, deathly anguish :
 ARSEN.,* Camph., CUPRUM, *Ipecac.*, *Secal.*,
Verat., AQ. FRIG.,† *Acid. phos.*, JATROPHA,
 Carb. veg., ACON., BELL., Bry., Cicut.,
 Phos., Rhus., Stram., *Natrum mur.*
2. INDIFFERENCE : ARSEN., *Ipecac.*, *Secal.*, *Verat.*,
 ACID. PHOS., PHOS., Bell., Lauroc., Ci-
 cut., Stram., *Natrum mur.*
3. SPASMS.—*Tonic* : *Ars.*, *Camph.*, *Cup-*
rum, IPECAC., SECAL., VERAT., AQ.
 FRIG., *Acid. phos.*, *Jatropha*, PHOS., ACON.,
 BELL., LAUROC., Bry., CICUT., Rhus, Stram.
4. SPASMS—*Clonic* : ARSEN., CAMPH., CUPR.
 IPECAC., SECAL., *Verat.*, *Acid. phos.*, Carb.
 veg., ACON., LAUR., PHOS., BELL., Bry.,
 CICUT., STRAM., Nat. mur.

* Camphor is of no farther use after the usual evacuations, especially the stools, have become established. Nor should persons who carry it with them be continually chewing and smelling it. They may easily bring on a Camphor Cholera.

† The Aqua Frigida, or icy-cold water, referred to in the above table, is taken from Nusser's article; and by it we are to understand the internal application of icy-cold water as drink, and also its occasional use as a clyster for the purpose of moderating the cramps.

5. PULSE ; *soft, small, frequent* : ARS., Camph., CUPRUM, Ipecac., SECAL., VERAT., AQ. FRIG., Acid. phos., Phos., CARB. VEG., Acon., Bell., Cicut., Stram., Rhus., Natrum mur.
6. SKIN, *inelastic, cold, blue* : ARS., Camph., Cuprum, Ipecac., Secal., VERATR., AQ. FRIG., Jatropha, Rhus, Carb. veg., NAT. MUR.
7. FACIES CHOLERICA : ARSEN., CAMPH., CUPRUM, Ipecac., SECAL., VERAT., *Aq. frig.*, Acid. phos., Phos., Carb. Veg., Lauroc., Acon., Rhus, Stram.
8. TONGUE, *cold, dry, blue* : ARS., Camph., Secal., Lauroc., Natr. Mur.
9. ACHING. *Pressure in the pericordia* : ARS., Camph., CUPRUM, Secal., VERATR. *Aq. frig.*, Acid. Phos., Jatropha, Phos., Carb. veg., Acon., Bell., Rhus., Stram., Natr. mur.
10. THIRST. *Violent, extreme* : ARSEN., Camph., Cuprum, Ipecac., SECAL., VERATR., *Aq. frig.*, Phos., Lauroc., Acon., Bell., Bry., Cicut., Rhus, Stram., *Natrum mur.*
11. EVACUATIONS. Serous with white flocks, *by vomiting* : ARS., Camph., CUPR., IPECAC., SECAL., VERATRUM, *Aq. frig.*, JATROPIA, Acon., Bry., Natrum mur.

12. EVACUATIONS. Serous with white flocks, by stool: ARS., Camph., Cupr., IPECAC., Secal., VERATR., JATROPIA, Acon., Rhus, Bry., *Natrum mur.*
13. SUPPRESSION OF SECRETIONS. Urine, saliva, perspiration, etc.: ARS., Camph., Cupr., Ipecac., Secal., VERATR., Aq. frig., Carb. veg., Lauroc., Bell., Cicut., Rhus., Stram.
14. COLD BREATH: ARS., Camph., Veratr., Aq. frig., CARB. VEG., Cicut., Rhus.
15. VOICE, hoarse, rough: ARS., Camph., Cuprum, Veratr., Aq. frig., Acid. phos., Phos., Carb. Veg., Lauroc., Bell., Bry., Cicut., Rhus., *Natrum mur.*
16. AGGRAVATION after midnight and towards morning: ARS., Camph., CUPRUM, Ipecac., Secal., Veratr., Acid. phos., Phos., Carb. Veg., Acon., Bell., Rhus., Stram., *Natrum mur.*
17. Amelioration from rest: ARS., Camph., CUPRUM, IPECAC., Secal., Veratr., Carb. veg., Acon., BELL., Bry., Cicut., Stram.

We insert the following article, found in the "Allgemeine Homœop. Zeitung" of October, from the pen of Dr. Karl Hencke, which is important in many respects. First as exhibiting the variety of phase which the Cholera has assumed in its last visitation, and as a test of the value of the old remedies and as revealing some comparatively new ones, and finally as containing the latest intelligence upon the subject.

THE CHOLERA EPIDEMIC IN RIGA.

BY DR. KARL HENCKE.

After many weeks, during which the greater portion of the inhabitants experienced a certain uncomfortableness of body, rumbling and borborigmy in the abdomen, and an inclination to diarrhœa; and after having had frequent cases of Cholerina, with here and there an occasional case of Cholera, the disease may be said to have broken out suddenly on the 25th of June, 1848, at which time several cases appeared in different parts of the city, whose death was made known after a few hours.

In the first period of the epidemic, the Cholera especially assumed the spasmodic form: the patients were suddenly attacked with cold shivering, even coldness

in the back, after which there came on in rapid succession: fainting weakness, qualmishness, *vertigo*, nausea, *pressure or constricting pain in the precordia*, retching, vomiting, cramp in the calves of the legs, principally *tonic* cramps, (convulsions I have never observed,) vanishing of the vital heat, hence the hands and the whole body became cold, *sinking of the pulse* into entire pulselessness, lips become blue, *expression of anguish in the countenance*, &c., and sometimes also diarrhœa. If the most speedy and appropriate aid was not afforded, the patient died within a few hours of sudden paralysis. At this period not a few died of apoplexy.

Camphor is, in this form of the Cholera, **a true specific.**

The patient was immediately brought to his bed, and well and sufficiently covered, and perhaps heated bricks applied to him, *strong spirits of camphor*, in drop doses, upon sugar, or in sugar water, or some tea, was given at intervals of 5 minutes, until the vital warmth returned and sweat made its appearance; and then the patient must remain quiet and be unmolested, if he should remain in such condition even two or three days. The muscles attacked with cramp were rubbed or kneaded with the warm hands under the covering. During the

sweating, as often as the cramp returned, we gave one drop of the spirits of Camphor.

We* have found it advantageous, with every new dose of Camphor, to ascend to a higher number in the scale of attenuation.

In November, the previous year, 1817, through our advice and instruction for the treatment of this disease, many persons carried the Camphor upon their persons; and upon the first symptoms of an attack, such as: *vertigo, pressure at the stomach*, with or without gagging or retching, *cramps in the calves of the legs, &c.*, immediately employed it by smelling, and internally upon sugar, with such distinguished success both upon themselves and others, that the patient was soon covered with sweat, and the farther progress of the disease arrested.

But the Cholera soon showed itself in another form. It came on often from the neglected or inappropriate treatment of the spasmodic Cholera, often from a slight, painless, and hence neglected diarrhœa of one or two days' standing; seldom as a termination of the Cholerina, *but far more frequently it appeared of itself, independent of precursors.* Apparently sound healthy men were suddenly, and most frequently at

* The homœopathic physicians of Riga, Dr. Brutzer, Dr. Semble, Dr. Riedel and Dr. Hencke.

night during sleep, or in the morning soon after rising, attacked with *violent pressure or cramp in the stomach*; the face assumed a peculiar expression, full of anguish, with fainting weakness, and two or three *painless watery stools* were passed in rapid succession. Very soon, often within half an hour or hour, the pressure of the stomach increased, nausea and qualmishness came on, the hands became cold, the warmth of the body disappeared, very painful tonic cramps set in, first in the calves, and soon in the other muscles, the abdomen, chest and back, yet more frequently however in the lower and upper extremities; retching and vomiting, which was always frequent and copious, so that immense masses of fluid like cucumber water were thrown from the mouth. The watery stools were discharged forcibly and in rapid succession, and the abdomen so caved in that the ribs were strongly protruded.

After a few hours, the patient could no longer maintain an upright position, the muscles became relaxed, soft, and doughy upon feeling them; the surface drew up into spasmodic knots here and there, which were very painful; the feet were often drawn sideways, the toes retracted; the fingers often pressed widely asunder, or bent back towards the wrist; the tempera-

ture of the skin was cold, the hands and face icy cold : the tongue was cold, broad, heavy, and often blue ; the breath cold, the speech thick, indistinct, hoarse ; the countenance fallen in, contracted, the eyes sunken and surrounded with dark blue circles ; cheeks and lips blue : hands and arms almost dark blue, so that the patient appeared like one affected with cyanosis : the skin of the hands, fingers, and toes became contracted and shrivelled up, and elsewhere formed into folds : entire pulselessness at the wrist, the pulsations of the heart scarcely perceptible to the ear, only a slight throbbing discernible at the precordia : the pit of the stomach, painful upon external pressure. The vomiting was not copious, but yet frequent : the fluid discharged was water with whitish flocks, often like small pieces of tallow, at times only pure water ; the stools were frequent, often involuntary and not remarked by the patient, although he retained entire consciousness : the discharges became more like rice water, and were either scentless or cadaverous, or smelling like stagnant water. Inextinguishable thirst, internal heat with objective coldness of the body, inquietude, anguish, tossing hither and thither, with cold clammy sweat. The cramps and evacuations by degrees abate, only small involuntary

stools pass off; the coldness, blueness and pulselessness increase, and death takes place mostly from paralysis of the lungs, within 4, 6, 12 to 24 hours.

All Cholera patients complained of pains in the loins; hardness of hearing was very general; burning in the stomach was more seldom complained of than pressure and spasmodic pain; bile and bilious matter was wanting in all the secretions; and later when it became apparent in the stools, and matter vomited, it *was by no means a sure indication of returning convalescence*; the secretion of urine was entirely suppressed, and often there was painful urinary tenesmus without any discharge; *pains in the abdomen*, or great sensibility of the abdomen, (excepting the precordia,) was *never* present in the Cholera, though perhaps often present in the Cholerina; the sweat is critical and important in the spasmodic Cholera, and even also in the beginning of the second, I may say **cyanotic** form; but it is never of consequence in the farther extension of the progress of the disease, and even injurious from exhausting the strength, and we have seen patients restored without any appearance of sweat. Patients with whom there is no vomiting, or only retching, with a few slight discharges of watery fluid, are, prognostically, more un-

favourable than where there is tenesmus with very slight discharges. Patients with vomiting of copious masses of water, have a more *favourable* prognosis, than where the diarrhœa predominates. Patients, who with the commencing return of vital heat are very unquiet, and continually turn and twist about, seldom recover. Those patients who relapse during convalescence, and those who have recovered, and after some days are again attacked with the Cholera, die almost without exception. Drunkards and tipplers, when they have lived through the first attack of Cholera, die in the stage of convalescence with typhus affections of the brain. Patients with affections of the chest, after having the Cholera, find very commonly a tuberculous disease developed which proves fatal. Men who have lived in the practice of excessive venery, having lived through the Cholera, do not easily recover, but die slowly but not less surely of exhaustion, generally remaining free from diarrhœic discharges.

The Cholera attacks persons from all ranks, of every sex, of every age; childhood and old age remain no longer exempt, and pregnancy affords no protection; yet coarse errors in diet, gluttony, drunkenness, neglected diarrhœa, chills, fear, grief, fright, and above all, passion, prove the etiological

or exciting causes of the attack. The use of champagne has proved very prejudicial, as well as all kinds of fermenting liquors or beer, fruit, *cucumbers*, melons, &c.*

During convalescence there is often a great longing after beer, acid food, &c., which may be allowed in moderation, and is indeed sometimes demanded.

The most important remedies in this epidemic of Cholera were: Camphor, Secal., Veratrum, Arsenicum. Instead of the *Lau-rocerasus* we find more indications for *Acidum Hydrocyanicum* or *Kali Hydrocyanicum*.

Jatropha curcas has been sufficiently proved among us, as a very important and surely acting remedy against the Cholera.

To give the indications for the well known Cholera remedies appears to us almost superfluous, yet we will in a few words give those which have been our guides in practice. Here follow the indications for *Jatropha*, *Veratrum*, *Arsenicum* and *Secal.* which do not differ from those which we have given.

Kali Hydrocyanicum, also *Acid. Hydroci-*

* In a family of 7 persons, who partook of a supper of sour milk and very imprudently ate with it cucumbers, all nearly died during the same night; 5 were brought to the hospital in the morning yet living, but died in a few hours, and the other two had died before the morning dawned.

anicum : With entire pulselessness, scarcely audible beatings of the heart, slow, groaning, difficult respiration ; coldness of the body ; constantly, visibly-increasing blueness of the face, rigidity of the muscles, spasm of the jaws, with which the vomiting disappears, the stools are discharged involuntarily, etc.; with such symptoms these remedies, and they are almost alone, yet effect something. In two similar cases, but where the spasms yet prevailed and affected the abdominal muscles, I found more help from Plumb. acetium, of which remedy I might make some remarks.

CAMPHOR SPIRITS. This remedy has proved a true specific in the so-called spasmodic cholera ; in the cholera vertigo ; and cholera cramp of the stomach ; with and without retching and vomiting, and even in the beginning of every form of the cholera ; as long as the spasmodic symptoms predominate, (provided the characteristic copious discharges, especially by stool, have not yet come on,) the body is cold, also perhaps pulselessness is present, but the cyanotic condition yet not far advanced. In cases where much medicine or numerous things have been given, we shall do well to give our doses of camphor in rapid succession.

Had Hahnemann, the venerable master of our art, made known nothing farther

than this, *the remedy which at the commencement of the attack of cholera so surely affords help*, he would have deserved the lasting gratitude of the whole human family. For how much besides this has our race, and the medical profession, yet to thank him! Would it not be well for those physicians who so willingly sit in judgment upon the trifling weaknesses of our great master, to take this to heart?

For *Cuprum metallicum* and *aceticum*, I, at least in this epidemic, have found but few indications; and where I have essayed it, have seen no action.

Acidum phosphorus is preferable to the Phos., in the secondary diseases of the cholera, and in the cholerina, where there are watery discharges with rumbling and borborygmy in the abdomen, pain in the navel region, audible rumbling in the abdomen upon pressing the hand upon the heart, and stitches in the left side of the chest, &c.

Ferrum aceticum, with painless diarrhœa, coming on a short time after the use of food or drink. In similar cases but with colic pains, *Colocynth* answers; at times also *Veratrum*.

Rhus tox. In the typhus condition with dry tongue, brownish, often involuntary stools, especially during the night.

It is self-evident that the numerous forms

of secondary diseases require yet many other remedies than those named above.

With reference to the dose, and the administration of the remedy, I can say nothing farther, than that we have found it appropriate to give the indicated remedy in a quantity of water, a teaspoonful at a time, and also in divided doses. If the same remedy must be repeated, we give the remedy at every repetition a number higher, and with better success than when we continue at the same dilution.

The high potences I have employed in two cases, certainly with the most distinguished success: after the first storm passed over, the vital warmth again returned. I had not the courage to bring them into employment from the commencement, although, from extensive experience, I can bear witness that the sure and remarkable action of the high potences is no idle fancy of the brain. Those physicians who, without careful proving of this least interesting observation, that the medicinal powers of a drug once brought into action, like the magnet, never cease to be efficacious, and yet ridicule and smile at high potences, do but condemn themselves and move into the position of those physicians who condemn homœopathy without having tested it.

The cholera is with us visibly on the decline, but by no means yet gone. Other diseases, for instance, intermitting fevers, &c., which were wholly suppressed by the cholera, are again making their appearance. Of the contagiousness of the cholera there can be nothing new said from the experience gained in this epidemic; it is by no means proved.

Riga, August 26, 1848.

DR. HENCKE.

SHORT NOTICE OF THE CHOLERA IN PETERSBURGH, RUSSIA.

*Taken from several letters from physicians and laymen
addressed to Dr. Griesselich.*

The number of victims daily of the cholera is very great, and is given in the letters at various amounts, according to their different dates; the sum would be yet far greater, if the number of those who had fled from the city were not so large. The writers all concur in this, that *Veratrum* has proved the most essential remedy; all the others avail less, even little or nothing, as for instance, the *Ipecac.* and *Camphor*; some of the writers mention the *Tabac.* and *Jatropha*; *Arsenic* is especially praised by

none. The Veratrum has gained itself such renown, that the allœopathic physicians and apothecaries are "half crazed," (this is the term used in one of the letters), and come running to the homœopathic apothecaries to obtain this remedy. The allopathic practice has been wholly unsuccessful, and their most distinguished remedies are quite unavailing, yet many writers among them praise "*strong rubbing*."

Acidum phosphoricum, (and in this all concur,) affords excellent service in the cholera; the diarrhœa disappears quickly; but upon the appearance of vomiting it is of no farther use. This cholera diarrhœa, according to every writer, must at once be subdued.

It should be borne in mind, that the cholera, in different epidemics, and at different localities during the same epidemic, usually manifests material varieties in its phase of character. Hence we find practitioners in one locality praising some remedies, and omitting, or even detracting others; while those in another locality will entertain quite different views of the comparative value of remedies, based upon their experience. The key of this diversity of opinion is to be found in the variety of phase exhibited by the disease, and the from thence greater in-

dication for, and adaptation to, the one remedy rather than another. The want of efficacy in the action of a medicine is more from a lack of adaptation to the phase of disease for which it is selected, than from a want of intrinsic value in the remedy itself.

If the cholera shall visit our country, of which there is now a very great probability, it is not at all probable that it will retain the same form or manifest the same phase of symptoms as upon its previous visit, or even as it now exhibits in Europe. Its essentials will be the same, but its slighter shades, and those which determine the choice of one good cholera remedy more than another, will be varied. Hence it is only by reference to the pathogenesis of the drug, that we can be always successful. Such a thing as an absolute specific for cholera, any more than for the headache or intermittent fever, cannot be found.

We have given in our list, and short repertory, all the remedies which have been employed by homceopathic physicians in this disease, but it is quite probable that there are others which may play a secondary or even principal part in its treatment. Dr. Jeanes of Philadelphia is of opinion that *Natrum muriaticum* is one of the

most important medicines for cholera. This he infers, from the effect of the saline cathartics upon the mucous membranes, causing the rapid discharge of large quantities of serous fluid, extreme thirst, great dryness of the mouth and tongue, with prostration of strength, &c., and from the effects of a meal of over-salted food.

Dr. Hering is of the opinion that Sulphur is an important remedy, not only as a prophylactic, but in the treatment of the disease itself; but as his views are based upon his observations and opinions, which we could not offer in detail, we simply content ourselves with mentioning the fact, and calling the attention of practitioners to that.

We do not offer these suggestions because we entertain doubts as to the efficacy of the usually employed homœopathic remedies, for we believe that there is no fact better established in medical history than the triumphant treatment of the cholera with homœopathic medicines. But we offer them in order to direct the attention of physicians to the necessity of studying the epidemic character and peculiarities of the disease.

THE END.

